

Please complete all sections and use BLOCK CAPITALS

Surname	<input type="text"/>	Date of Birth	<input type="text"/>
First name	<input type="text"/>	N.I. Number	<input type="text"/>
Title (Mr/Mrs/Ms/Dr/Other)	<input type="text"/>	Sex	Male () Female ()
Home Address	<input type="text"/>	Tel No:	<input type="text"/>
	<input type="text"/>	Mobile No:	<input type="text"/>
Town	<input type="text"/>	E-mail:	<input type="text"/>
Postcode	<input type="text"/>		

Current Qualifications

If you have none yet, please tick here		<input type="checkbox"/>
Level 1	NVQ Level 1	<input type="checkbox"/>
	GNVQ Foundation	<input type="checkbox"/>
	GCSE (4 or less at A-C Grades)	<input type="checkbox"/>
	O Level (CSE below Grade 1)	<input type="checkbox"/>
Level 2	NVQ Level 2	<input type="checkbox"/>
	5+ GCSE (Grade C or above)	<input type="checkbox"/>
	5+ O Level (CSE Grade 1 or above)	<input type="checkbox"/>
	GNVQ Intermediate	<input type="checkbox"/>
Level 3	NVQ Level 3	<input type="checkbox"/>
	2+ A Level/GNVQ Advanced	<input type="checkbox"/>
	BTEC National Certificate	<input type="checkbox"/>
	International Baccalaureate	<input type="checkbox"/>
Level 4	Scottish SCE higher	<input type="checkbox"/>
	NVQ Level 4	<input type="checkbox"/>
	HNC, HND and BTEC Higher	<input type="checkbox"/>
	University Degree	<input type="checkbox"/>
	Nursing/Teaching Qualification	<input type="checkbox"/>
	RSA Diploma or Advanced	<input type="checkbox"/>

Please state why you wish to complete an NVQ - career change, promotion etc.
 This information is required to gain funding for those who already hold qualifications at Level 2 or above

If other please specify:

Have you done any learning in the last 3 years? Yes No

Employment Status

Employment full-time	<input type="checkbox"/>	Company Name	<input type="text"/>
Employment part-time	<input type="checkbox"/>	Area of Work e.g. Care/ IT. etc	<input type="text"/>
Self-employed	<input type="checkbox"/>	Number of employees	<input type="text"/>
Volunteer	<input type="checkbox"/>	Employment Start Date	<input type="text"/>
Retired	<input type="checkbox"/>		

Course Choice

Course Title	<input type="text"/>
Date you intend to start	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date you intend to finish	<input type="text"/> / <input type="text"/> / <input type="text"/>

Broadband P.C.

At your place of study do you have access to a P.C. with a broadband connection? YES / NO
 (Please note this is to assess your equipment needs. It will not necessarily affect your ability to receive training).

Funding Eligibility Status (please indicate which of these apply to you)

You will be asked to provide the Training Provider with evidence of your eligibility status.

(This can be a copy of your passport or a letter from the Home Office)

- * I am a British Citizen, I live in the UK and I am NOT in full-time education.
- * I am an EU national or EEA migrant worker. I have been living in the EEA for the past 3 years but NOT been in full-time education during this period.
- * I am the spouse or child of an EU national or EEA migrant worker. I have been living in the EU or EEA for the last 3 years but NOT been in full-time education during this period.
- * I am a refugee with exceptional leave to stay in this country.
- * I am an asylum seeker with leave to stay in this country.
- * I am from overseas and have been granted 'settled status'. I have been living in the UK for the past 3 years, but NOT been in full-time education during this period.

Equal Opportunities

We are committed to equal opportunities. To help us monitor our policy and give you the help you need please complete the following:

Ethnic Origin Mixed-please tick 2 or more

Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	White	<input type="checkbox"/>	Other ethnic groups	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	British	<input type="checkbox"/>		
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

Learning Differences

Do you have any kind of disability or impairment?
For example: hearing loss, sight loss, speech impairment

Yes No

If yes please give details: _____

Do you have a learning difference that may restrict or affect your capacity to learn?
For example: dyslexia or parkinsons disease

Yes No

Do you require any special facilities to enable you to complete your training?

Yes No

Do you require wheelchair access?

Yes No

Marketing

How did you hear about available training opportunities? CQM LEARNING LIMITED

Data protection Act 1998

Information given in this form is classified as sensitive data and your consent is required before we can process it. By signing this form you give consent to use it for the purpose of enrolling you on your chosen course.

I declare that the information contained herein is accurate to the best of my knowledge. Fraudulent declarations may lead to prosecution.

I further declare that if I am found to have made a false declaration regarding my eligibility I will be liable to pay the training provider a termination fee of one hundred and fifty pounds to cover administrative and pre-course costs.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____

If you have any questions about this form or the evidence you need to provide, please call the CQM Learning Recruitment Team on 0114 281 5718